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Country note**

United Republic of Tanzania

Summary

The Executive Director presents the country note for the United Republic of Tanzania for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The United Republic of Tanzania is one of the few countries in the conflict-ridden Great Lakes Region that continues to enjoy uninterrupted peace. Recent economic restructuring efforts have achieved fiscal stability and accelerated the divestiture of parastatals. Inflation was reduced from 36 per cent in 1994 to under 8 per cent in 1999, and the estimated annual per capita income is $240. The country has qualified for interim debt relief under the enhanced Heavily Indebted Poor Countries initiative and plans to allocate the freed resources to priority sectors, i.e. education, health, agriculture and roads. The Zanzibari economy, currently driven by tourism, has suffered from both the drop in value of its main crop, cloves, and the discontinuation of donor aid, leading to a decline in the provision of social services.

2. Following political reform in 1992 and the first multi-party elections in 1995, there have been positive developments in civil liberties, freedom of association, growth of civil society and expansion of an independent press. However, the corresponding institutional restructuring at the lower administrative levels has been

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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slow. The main opportunities for accelerating development include the peaceful environment, the commitment to good governance and efforts to improve the well-being of children and women, maintenance of macroeconomic stability, a pragmatic agenda for decentralization and bottom-up planning, and earlier successes in realizing access to social services.

3. HIV/AIDS is the greatest single threat to the United Republic of Tanzania's security and socio-economic development. It is placing an increasing burden on the country's resources through rising medical expenditures, absenteeism from work, labour shortages resulting from morbidity and mortality, and training of replacement labour. Almost 15 per cent of persons aged 15-49 years are infected with HIV; 60 per cent of new HIV infections occur in the 15-24-year-old age group. The risk of infection is six times greater for a girl 15-19 years old than for a boy in the same age group. The number of orphans, mostly from AIDS, is estimated at almost 2.0 million. The epidemic is characterized by continuing stigma and denial at all levels, as well as by a lack of access to critical information and means of protection for those most at risk. However, new initiatives being taken at the highest political level to break the silence are expected to open up new opportunities for addressing the pandemic.

4. Other challenges include the high prevalence of poverty, rising mortality and morbidity rates among children and women as a result of HIV/AIDS, the high prevalence of low-birth-weight babies and malnutrition in children and women, and inappropriate caring and gender-based practices. Conflicting norms exist in the content and application of traditional, civil and religious laws. The quality of education and health care remains low, while community organization for maternal and child health, universal education, adolescent support and care of most vulnerable children is disintegrating. To date, 3.0 million 7- to 13-year-olds are not in school, most enrol late, and intake and transition rates are very low. There is progressive exclusion and marginalization of adolescents and most vulnerable children from basic family and community support. There are also inadequate capacities for preparedness and response to emergencies, while the political instability in the region continues to create a heavy refugee burden.

Lessons learned from past cooperation

5. The mid-term review recognized the need for the programme to focus on the whole child rather than maintain a sectoral focus. This approach, operationalized in 2000, is already facilitating attention to cross-cutting issues; the convergence of interventions in the context of a holistic, life-cycle approach to rights-based programming; and communication nationally as well as with communities and households. It builds on the strong UNICEF foundation as a partner supporting community- and district-level actions; the successful immunization and community nutrition programmes; and its leadership in the new approaches with significant potential such as the Integrated Management of Childhood Illness, the prevention of mother-to-child transmission of HIV, adolescent-led initiatives and community-managed education.

6. Social sector and local government reforms currently under way offer an important opportunity to take best practices to scale and promote partnerships.

These are important in leveraging resources for children, fostering sustainability, expanding coverage and ensuring high-quality care.

7. There is a need to further strengthen the focus on children in the Tanzania Assistance Strategy, the Poverty Reduction Strategy Paper and the Public Expenditure Review. Reform processes driven from the central level have tended to overestimate the capacities of central, regional and district teams to deliver services, and to underestimate the potential capacities of communities as actors for their development. As a result, the resources needed by the most disadvantaged groups often fail to reach them.

8. Acknowledged, consulted, involved and respected, young people become productive and enthusiastic community members, recognized as useful to their communities. Strategies that marginalize young people in decisions that affect their lives are bound to fail, especially in HIV/AIDS programmes.

9. HIV/AIDS is the major cause of vulnerability in the United Republic of Tanzania, currently negating most development gains and efforts. UNICEF and its partners should support expanded, rapid and effective responses to this and other emergencies if the development vision of the country is to be realized.

10. Despite economic difficulties, the UNICEF experience in the United Republic of Tanzania has demonstrated that malnutrition and early childhood development (ECD) problems in general can be addressed by facilitating improved understanding of the causes of the manifestations of illness and community action using growth monitoring, other sources of information and triple A (assessment, analysis, action) as the strategic approach.

Proposed country programme strategy

11. The strategy for the 2002-2006 country programme espouses a vision of Tanzanian children whose rights are increasingly respected, protected, facilitated and fulfilled. Progress towards this vision will be based on understanding the causes of poverty and obstacles to the fulfilment of children's rights, as well as a resolve to address these problems through a participatory and sustainable capacity development process focusing on the communities where the children live. UNICEF support will be provided in the context of the United Nations Development Assistance Framework and within the framework of the Tanzania Assistance Strategy, the government strategy for development cooperation with partners.

12. The overall programme goal is to realize children's rights by strengthening the capacities of actors at different levels to respect, protect, promote and fulfil these rights. Capacity as used here encompasses authority, responsibility and resources, as well as the capability to manage and learn through informed and participatory decision-making and actions.

13. Based on the principles of children's and women's rights, the country programme will be implemented through the following main strategies: (a) support to policy and legal reform processes, as well as advocacy for children's rights, through networking, partnerships and direct support to critical government functions; and (b) focus on critical outcome areas for concentration of UNICEF programme support in order to significantly improve the lives of children. These outcome areas are: (a) improvement of ECD through a set of strategies addressing

problems of maternal and neonatal mortality and low birth weight, as well as health, nutrition, hygiene and the psychosocial care of the very young child; and (b) improving access for school-aged children to quality basic education, as well as social interaction and support that will enhance their life skills and livelihoods to support them through adolescence and in the transition to adulthood. In both of these outcome areas, a community-centred capacity development approach will be organized in ways that are suitable for both rural and urban Mainland Tanzania as well as Zanzibar. Special attention will be given to the challenge of providing effective support towards these outcomes under emergency conditions, including for refugees and refugee-affected populations currently in western Tanzania.

14. The **analysis, monitoring, communication and advocacy** programme will focus on: (a) policy analysis and research based on a rights-based framework; and (b) monitoring and reporting on indicators of children's and women's rights, supporting Public Expenditure Reviews and analytic studies that enhance attention to the more cost-effective provision of services for children in government budget processes. It will also focus on communication to support the popularization and adaptation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women to local contexts, and mass media to promote a code of conduct that respects and promotes child rights. Participatory approaches, especially involving young people in policy formulation and reviews, as well as public events, will be promoted. Information from monitoring systems will be used to advocate for the further realization of child rights.

15. The **ECD** programme will foster a convergent approach linking health, nutrition, and water and sanitation. The programme will use community dialogue to promote preventive actions related to the major causes of disease on the one hand, while enhancing disease recognition and appropriate care-seeking on the other. The programme will also focus on improving the quality of care at the health facilities through capacity development, improvement of referral systems and strengthening the sustainable provision of essential supplies, focusing on a range of services for various claim-holders. The programme will also build systems to link community- and facility-based activities to district, regional and central governments for effective coordination.

16. The **basic education, adolescent development and protection** programme will focus on expanding equitable access to quality primary education for school-aged children through the articulation and promotion of child-friendly schools, alternative channels of education for over-age children and ward-based management of education. Health, social welfare and justice services will also be addressed. It will focus on supporting gender-sensitive and youth-led personal development and livelihood initiatives shown to have an impact on HIV/AIDS prevention, with special attention to vulnerable and marginalized children, as well as the participation of young people in their communities in ways that contribute to the realization of their rights and the revival of communities.

17. The **community development** programme will work closely with the local government reform programme to build systems for community-driven planning, implementation, monitoring and evaluation of development. The main strategies focus on capacity analysis and support to address the gaps identified. This process will be premised on fostering a community dialogue process to facilitate the

generation and use of information; resource mobilization, partnership and institutional coordination; and participatory planning and increased awareness of children's and women's rights. This programme will provide the interface at the community level for building capacity towards child rights outcomes.

18. The **emergency** programme will foster the integration of vulnerability mapping; strengthen and systematize early warning systems; and enhance the capacity to predict, analyse and respond to emergencies within the context of regular programme components. In this sense, the programme will assist the central Government and other partners to address child-related issues that exceed the "normal" capacity of communities and districts. Initially, this programme will concentrate on refugees and refugee-affected areas in Kigoma and Kagera regions, but will also – resources permitting – support communities prone to drought, floods and other emergencies.

19. The **Zanzibar** programme will mirror the approaches of the Mainland-supported programme, with adaptations to respond to the special context of the Isles. The programme will facilitate monitoring of policies for children and women, and advocate for increased allocation for child-focused programmes and gender-sensitive programming. Community-driven approaches will be used to plan, implement, monitor and evaluate ECD, basic education, and adolescent life skills and protection. The programme will use Koranic schools as entry points for expanding secular education, while supporting the establishment of child-friendly secular and non-secular schools. Youth-focused HIV/AIDS prevention initiatives will be intensified using in- and out-of-school approaches.

20. **Cross-sectoral costs** include support for technical expertise and other management capacities to ensure that UNICEF engages effectively with the Government and partners in accelerating the country's development. UNICEF brings into the partnership a critical mass of expertise, non-partisan views on issues relating to human development in general and child rights in particular, as well as a comparative advantage of working in communities and with district teams.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Analysis, monitoring, communication and advocacy	4 000	2 500	6 500
Early child development	6 793	35 000	41 793
Basic education, adolescent development and protection	6 500	42 500	49 000
Community development	8 500	7 500	16 000
Emergency	2 000	15 000	17 000
Zanzibar	5 000	5 000	10 000
Cross-sectoral costs	5 000	2 500	7 500
Total	**37 793**	**110 000**	**147 793**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.